

1. Assess airway and initiate basic and/or advanced airway maneuvers prn ([MCG 1302](#))
2. Administer **Oxygen** prn ([MCG 1302](#))
3. Initiate cardiac monitoring prn ([MCG 1308](#))  
Perform 12-lead ECG if cardiac ischemia suspected ❶
4. Establish vascular access prn ([MCG 1375](#))
5. For poor perfusion:  
**Normal Saline 1L IV rapid infusion**  
Reassess after each 250mL increment for evidence of volume overload (pulmonary edema); stop infusion if pulmonary edema develops

For persistent poor perfusion, treat in conjunction with [TP 1207, Shock/Hypotension](#)

6. Assess and document pain ([MCG 1345](#))  
If abdominal or pelvic pain during pregnancy, or vaginal bleeding with known or suspected pregnancy treat per [TP 1217, Pregnancy Complications](#)  
Consider the following Provider Impressions:  
If abdominal or pelvic pain – document *Abdominal Pain/Problems*  
If pain in penis, scrotum or testes in a male or complaints of vaginal symptoms in a female, or if for sexual assault – document *Genitourinary Disorder*
7. For pain management: ([MCG 1345](#))  
**Fentanyl 50mcg (1mL) slow IV push or IM/IN**  
Repeat every 5 min prn, maximum total dose prior to Base contact 150mcg  
**Morphine 4mg (1mL) slow IV push or IM**  
Repeat every 5 min prn, maximum total dose prior to Base contact 12mg

**CONTACT BASE** for additional pain management after maximum dose administered:  
May repeat as above up to maximum total dose Fentanyl 250mcg or Morphine 20mg

8. For nausea or vomiting:  
**Ondansetron 4mg ODT/IV/IM**, may repeat x1 in 15 min prn
9. Consider the following Provider Impressions:  
If nausea or vomiting present in the absence of abdominal pain or diarrhea – document *Nausea / Vomiting*  
  
If vomiting blood or coffee ground material, and/or tarry/black stools – document *Upper GI Bleeding* ❷  
  
If vaginal bleeding without known pregnancy – document *Vaginal Bleeding*  
  
If complaint of diarrhea without hypotension – document *Diarrhea*  
  
If bleeding per rectum – document *Lower GI Bleeding* ❷

**SPECIAL CONSIDERATIONS**

- ❶ When evaluating a patient with abdominal pain, note that abdominal pain may be a sign of cardiac disease. If age  $\geq 35$  years, previous history of cardiac disease or MI, or risk factors are present (hypertension, diabetes mellitus), consider obtaining a 12-lead ECG to evaluate for ischemia or STEMI.
- ❷ For both upper and lower GI bleeding, if abdominal pain is also present, document GI bleeding as primary provider impression and abdominal pain as secondary provider impression.